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ABSTRACT

Although all practicing psychologists share common ethical concerns, the industrial/organizational (I/O) psychologist has additional concerns which are unique to his discipline. The institutional setting of his practice both isolates him from role models and professional colleagues and threatens his identity as a psychologist. In the organization, various stakeholders may place pressure on the psychologist for particular outcomes in personnel selection, job design, and organizational change. The absence of consequences associated with behavior is an ethical concern for the I/O psychlogist, particularly where organizational values may influence behaviors. Threats to informed consent exist in industrial settings, where interventions often involve the entire organization. Confidentiality may be compromised under the demands placed on the psychologist by managers wanting information from or about their employees. The I/O psychologist tends to view the organization as his client, ignoring individuals and their right to feedback in organizational decisions. A fine ethical line exists between organizational and individual interests. Although I/O psychologists' behaviors may vary from other settings in which psychologists practice, the American Psychological Association (APA) code of ethics can be adapted for use by I/O psychologists by appending the code with illustrative case studies. Practical steps to further ethical development in I/O psychologists include teaching ethics in formal coursework, recognizing the I/O psychologist, and reporting ethical violations. In conclusion, the I/O psychologist must become more active in the application of the APA code and in developing a case law. (BL)

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SIMILARITIES AND DISSIMILARITIES OF ETHICAL ISSUES IN APPLIED PSYCHOLOGY DISCIPLINES

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Similarities and Dissimilarities of Ethical Issues in Applied Psychology Disciplines[a]

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In a summer whose newspapers have been filled with articles about lawyers with X-rated videotapes that mysteriously dissappear, pages of stories about purloined debate briefing papers, and stories of pages which have added new dimensions to the definition of the "affairs of Congress", the ethical concerns of industrial/organizational psychologists may make for little sensationalism. Yet, professionals who make their living with the affairs of organizations have been turning their attention to the problems of ethical practice in impressive numbers. The three major professional societies of social scientists who work with organizations (APA, the Academy of Management, and the organization development professional organization), all have major ethics activities underway. For the latter two groups, the task consists of creating a formal code of ethics, while for APA, the problem is one of applying an existing ethical code to the problems of organizational practice.

Professional societies have long been concerned with creating rules to guide professional practice. The term

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"ethics" itself is of Greek origin, having originally referred to moral principles or rules of conduct. According to the Oxford English Dictionary, professional ethics regulate the laws and duties of the members of the profession "to the public, to each other, and to themselves in regard to the exercise of their profession." Similarly, Gellerman has noted that ethical codes can be a) aspirational, b) educational, and c) regulatory. Thus, in addition to protecting the public and the consumers of the services of the profession, ethical codes serve an important function of furthering the identity of the members of the profession, potentially integrating large and diverse professional memberships on the basis of commonalities. If it is difficult to imagine that a psychiatrist and a hematologost are members of the profession, it is perhaps even more difficult to determine what it is that a physiological psychologist and an organizational psychologist have in common. One commonality, and one of the few things that helps them see themselves as part of the same profession, is a shared set of ethics.

While APA has long had a well-publicized code of ethics, many among Division 14, the Society for Industrial/Organizational Psychology, felt that the numerous case application materials (e.g., Sanders, 1979; Sanders & Keith-Spiegel, 1980) did not seem to have much relevance for its members. After all, the issue of sex with an organizational client just doesn't come up all that often! As a result both of the apparent irrelevance of many of the APA ethics materials, and the general tendency

to put detailed consideration of ethical principles behind such mundane tasks as earning a living, many I/O psychologists appear not to have been highly invested in psychology's ethical issues. Division 14's leadership felt that a casebook directed specifically to I/O practice might attract the attention of its membership and therefore the Division asked its Professional Affairs Committee (PAC) to develop an ethics casebook for I/O Psychology. This work was thus undertaken by the 1982-1983 PAC, and will continue on into 1984. Participating in this venture have been Laurie Eyde, Dick Reilly, Marilyn Quaintance, Jerry Niven, Bill Sauser, Ed Cornelius, and the author of this paper as chair and editor. An ethics review committee composed of Doug Bray, Ray Katzell, and Brent Baxter was also formed to review the case material generated by the Division 14 membership to assure that the casebook results in a high quality product.

The purpose of this paper is to compare and contrast the practice and ethical concerns of I/O psychology with those of other areas of practice, especially such health provider specialties as clinical and counseling psychology. The paper will examine whether psychologists practicing in the various specialties are in need of special ethical principles, or whether the existing APA guidelines are adequate. The unique issues of I/O practice will be considered, and recommendations will finally be made for facilitating the involvement of I/O psychologists in ethical issues.

Before discussing differences in the applied psychology specialties, it will first be useful to examine the similarities. It should be noted in this context that we had expected to find that the ethical cases we received would be hard to classify using existing ethical principles. In fact, this has happened fairly rarely. Most of the cases we received have been able to be classified rather easily using the existing ethical framework. This of course may be an artifact of the kind of cases submitted to a project of this sort. Many cases were sent to us by senior members of the profession in response to a mail solicitation. Several of the cases we received, while worthwhile and illustrative of important ethical principles, smacked of long-standing resentments held against some colleague, often a prominent one, who had committed some act many years ago which still aroused the submitter's resentment or anger. Writing up a case about the behavior may have represented a relatively safe retribution, perhaps unconscious, particularly since the person knowing of the alleged violation had in many instances made no apparent effort to file an ethics complaint. Whatever the motivation for forwarding the case, it is certainly clear that I/O psychologists can be just as crudely unethical as their health care provider colleagues in plagiarizing, sexually harassing students, and misrepresenting the results of data analysis. Most of the "deadly sins" of psychologists have apparently been commited by I/O psychologists, and in

this, unfortunately, I/O does not differ from other areas of specialization within psychology. These instances of unethical behavior represent only surprises (at least to the author), but no real ethical dilemmas or conflicts. More generally, the practice of I/O psychology is like other practice areas in that 1) actions are taken which can influence clients' and consumers' lives for better or worse, 2) information of a "privileged" nature, needing to be held confidential, is often shared with the psychologist, and 3) there is a clear need for a high level of competence to protect the client from malpractice. Similarly, (4) a supervised experience component is often part of the training that graduate students in the specialty receive, and (5) practice of the specialty is often linked with research efforts. Finally, there are many situations in both I/O and other applied specialties in which the definition and interests of the clients may be conflicting, and the appropriate ethical thing to do may not always be obvious.

On the other hand, there are some unique aspects of I/O practice that differentiate it from other applied psychology specialties, and many of these circumstances do conspire to make adherence to the ethical code by I/O psychologists particularly complex.

1) <u>The Institutional Setting of Practice</u>:

Contrary to the practice of many psychologists, those who are employed by or who consult to work organizations are often the only social scientists, or at best, are part of a

rather small group of psychologists. This contrasts with many health care providers settings, where, even if there are few psychologists present, there are professionals from allied disciplines. Not only does being isolated from other psychologists provide the I/O psychologist with few role models or professional colleagues on a day-to-day basis, but it also threatens one's identity as a psychologist. The situation is thus to be contrasted with that of the clinical or counseling psychologist who also practices in an industrial setting and is also isolated from other psychologists, but who, in treating patients, is rather removed from the major concerns of the organization. In the clinician's case, only the setting is changed for the psychologist, and identity "immersion" or displacement, is not all that likely. For the I/O psychologist, however, the subject matter of the diagnoses and interventions concern areas in which managers often have strong investments and about which there is no shortage of desired outcomes. Such topics as personnel selection, job design, and organizational change are ones in which powerful and often conflicting stakeholders within the organization often have great influence. The I/O psychologist may therefore be under considerable pressure, much of it implicit, to produce results in a certain way. The I/O psychologist in the process may come to think more like a manager and less like a psychologist. This does not, of course, suggest that managers are any more or less ethical than psychologists, but

rather that the ethical concerns of persons in the two groups may be quite different. In addition, the attempts by the psychologist to promulgate the APA ethical code may not be well received by the manager, who may not be concerned about psychology or its niceties. As John, Viscount Morley, put it in a different context: "Those who would treat politics and morality apart will never understand the one or the other" (Rousseau).

Still another factor related to the institutional setting in which I/O psychologists often practice is the absence of consequences associated with behavior that APA considers unethical. To be booted out of APA, or to be delicensed, may not matter to the I/O psychologist's employer even if it were to learn about it, which may well not happen. Moreover, some of the actions which might cause a charge of unethical behavior by an I/O psychologist might be behavior which is valued or expected by managers at the I/O psychologist's place of employment.

An example of what is appropriately called an ethical dilemma in this domain is the conflict between the ethics and values of psychology's scientific side and the realities of the workplace. According to the APA ethical principles, psychologists "are committed to increasing knowledge of human behavior" and "have the responsibility to attempt to prevent...suppression of psychological findings by the institution or agency of which they are employees" (Preamble

and Principle 1C). While many employers of I/O psychologists are supportive of the publishing of the results of studies funded by their organizations (even if they end up looking bad), others, including several sophisticated major corporations, forbid such publication on the premise that it might give their competitors information that would be to their benefit. While a diligent I/O psychologist might follow Principle 6C of the ethical code and confront the discrepancy between the behavior expected of them and their ethical standards, it does not take a vivid imagination to believe that the incentives of that setting are clearly against public presentation of the results of research. (This is not of course to suggest that psychologists necessarily have an obligation to publish the results of their works, but the spirit of the ethical code is certainly opposed to the intentional suppression of research findings).

In short, by virtue of reward structures, absence of psychologist-peers, and potential conflicts between the values of the psychologist and of the work organization, I/O psychologists may more strongly identify with the beliefs and values of managers than of the psychology profession, and may experience considerable internal conflict in attempting to resolve fundamentally conflicting positions.

2) Threats to Informed Consent:

In clinical/counseling psychology, most practice takes place in the context of the psychologist-individual relationship

(even when the treatment occurs in the context of small groups). It is fairly easy (even if it does not always happen) to inform an individual client of what is to take place in the diagnosis and/or treatment, and to provide at least an approximation of the risks and likelihood of benefits. In the organizational context, things are a bit more complex, especially when the intervention involves the entire organizational entity, as in a massive data collection effort. It is a rare corporation of any size which has not administered multiple attitude surveys to its employees, typically with the participation of psychologists. In addition, many psychologists practice such interventions as sensitivity training, team building, conflict management, etc. At least three APA ethical principles guide informed consent issues: Principle 9f, which states that "The investigator respects the individual's freedom to decline to participate in or to withdraw from the research at any time"; Principle 9d, which requires the investigator to inform ". . .the participant of all aspects of the research that might reasonably be expected to influence willingness to participate and explains all other aspects of the research about which the participant inquires"; and Principle 8a (concerning Assessment Techniques): "...psychologists respect the right of clients to have a full explanation of the nature and purpose of the techniques in language that the client can understand, unless an explicit exception to this right has been agreed in advance. When the explanations are to be provided by others, the

psychologist establishes procedures for insuring the adequacy of these explanations."

The realities of the workplace, particularly the large organizational setting, make adequate informed consent, in terms the employee can understand, an event that is easily compromised. Subtle pressures demanding participation can be applied without the psychologist's ever learning about them. In one organization, for example, a psychologist was collecting data for a research project funded by an external agency and of no direct interest to the organization itself, except that it was required by its parent agency to participate. The psychologist appropriately explained the project, the need for voluntary participation in completing the survey instrument, and what was to be done to handle those who chose not to participate. Quite coincidentally, the psychologist overheard one of the key supervisors whom she had briefed on the project explaining it to his supervisor-subordinates. He indicated that they should "push" their employees to attend the survey administration because it would make both his section and the entire organization look bad if the turnout was not high.

Regardless of what action(s) the psychologist might have taken to confront this pressure to participate, the point is that what is said by the organizational supervisors about a project is often outside the control of the psychologist, and employees who know what is important are going to believe their supervisors about the "real" message much more than an

unknown outside psychologist. While multiple precautions can be taken to try to minimize implied coercion to participate (such as advance letters to each participant, announcements at the time of the survey administration, and referral to the researchers of any questions about the research), the psychologist who takes seriously the obligation to provide informed consent will often be frustrated. Similarly, does anyone really believe that a candidate for a job who is required by the potential employer to submit to psychological testing as part of the process of hiring, really constitutes a "voluntary" participant?

I/O psychologists are not unique in this area. Patients referred to clinical and counseling psychologists for assessment in connection with disability determination hearings, or child custody cases, often have the right not to participate only if they also give up their claim to benefits. Even if they can pursue their claim without the psychologist being involved, they may be labelled as "noncooperative" and prejudicial atmosphere established toward them. What makes I/O psychology special in this area is the extent of the coercion and the degree to which the psychologist is obliged to control things over which little control may be possible.

3) Confidentiality:

Although there is little empirical data on the subject, it is likely that the expectation of the public about contacts with a psychologist is that the data will be protected as confidential. In many states, the relationship of a psychologist

and a client is protected by statute. The APA ethical code devotes an entire ethical principle (#5) to Confidentiality, stipulating, among other things, that "Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative..." Psychologists working in industry, particularly in areas of individual assessment, may often fail to obey the spirit and intent, if not the letter, of this principle.

First, persons being evaluated by psychologists for job placement or promotion may not be adequately informed of the multiple uses to be made of the data gathered about them, nor may they realistically have the right to refuse to be evaluated should they not want certain persons within the organization to have access to their data. Requests for informal opinions about a manager's competence may be made by high ranking executives, who may know that a particular individual has been evaluated by the psychologist or by an assessment center methodology. For example, in one ethics case we received, an I/O psychologist was asked how a manager performed on one critical exercise in an assessment center. The high executive asking the question felt that the information might be useful in making a promotion decision (which was not the purpose of the assessment center evaluation that had been conducted). In this case, the psychologist wisely opted not to provide the

information, but it is not clear how many psychologists would be able to withstand similar pressures, or who might offer an opinion on a staff member's competences without recognizing that the basis of that opinion was confidentially obtained information.

In other instances, the "hardball" nature of inter-organizational competition can provide potential threats to the confidentiality principle. In one case we received, for example, minutes of a psychologist's meeting with top management were supoenaed by another corporation in a legal action and used as the basis for claiming that the first corporation was systematically training its salesmen to manipulate their customers through the use of the psychologist. While this particular example may be more of a legal issue than an ethical one, the case illustrates that definitions of the obligations to protect confidentiality are not nearly so straightforward in organizational contexts as in individual ones.

Considerably more work is needed to spell out the principles of the psychologist's obligations to protect confidential information provided by an organizational client. Psychologists need to be more than just "well intentioned" to assure that the confidentiality principle is upheld. The intent of organizational representatives to misuse the processes employed by I/O psychologists must always be carefully guarded against. For example, in one government organization, a manager advised the psychologist not to identify data from a survey even at the

small group level since a manager not satisfied with the results might well retaliate by firing the entire group. If the psychologist is to behave ethically, she/he must anticipate and actively inquire about potential compromises to ethical practice.

It should also be noted that more obvious violations of confidentiality are certainly possible. In one ethics case we received, the psychologist had been hired to construct an attitude survey in such a way that the respondents could be identified who had pro-union sentiments in a non-unionized plant. These persons, on the basis of a supposedly confidential attitude survey, were then subtly, but systematically, eliminated from the organization.

4) Definition of the Client and the Right to Feedback:

The question of the definition of the client has many ethical and practical implications in organizational settings. Some organizational psychologists contend that they can dismiss issues concerning individual clients since they are employed by the organization, which therefore constitutes "the client". Thus, if an employee is terminated on the recommendation of the psychologist and the individual demands an accounting from that psychologist, the latter might refuse to even meet with the employee, claiming the organization is its client. Organizations by their nature are composed of multiple constituencies, and the I/O psychologist may alternatively have as a client an individual needing job performance

counseling, a group of managers, or the entire system itself. The ethical principles have indirectly addressed this issue in their references to both "clients" and "consumers" of psychological services, recognizing the obligations the psychologist has to both. I/O psychologists should know, therefore, that they cannot simply call the organization the client and ignore the conflicts between so-called organizational interests and those of individual members. Moreover, the clear message of the ethical code, especially as exemplified by Principle 6, is that psychologists who are in potential conflict situations (e.g., between employer and consumer) have the ethical obligation to clarify to all parties involved the nature of the relationship. There may, in the future, be occasions in which the I/O psychologist may have to recommend to an individual member of a firm that it is not in his best interests to not talk with the psychologist since the information provided may be used in his termination. Unless I/O psychologists take seriously the obligation to make clear what their role is and who they are really representing, it may someday occur that psychologists must read Miranda-like statements to their "clients" before talking with them.

An unresolved issue (vis-a-vis practice) is whether or not psychologists must provide feedback to <u>all</u> assessees, such as those who are administered personnel selection tests but who are subsequently not hired for a job.

Recommendations:

These issues should suffice to illustrate ways in which I/O practice appears to differ from that associated with other specialty areas. Mirvis and Seashore (1979) appropriately note that many apparent ethical conflicts or dilemmas in organizational psychology stem from conflicts or ambiguity in roles; they prescribe identifying sources of such conflict and ambiguity and active confrontation to develop an ethical process rather than just another set of principles. The situation they portray is one in which ethical dilemmas are rather difficult to resolve, and perhaps always limited in creating solutions to conflicts that are fair to all parties. However, when one examines specific cases of ethics and attempts to apply the APA principles, it appears to be rather more easy than some writings would suggest to decide whether a particular behavior is or is not ethical according to APA standards. Rather than needing new codes for organizational psychologists, we may simply need lots of case examples illustrating how the codes apply to I/O. In addition, the following practical steps may be valuable:

1) Educative

So far as we could determine, the formal teaching of ethics appears to play little role in most graduate I/O psychology training programs. Probably the key place in which to arouse interest in ethical issues is in our graduate

training programs. The Casebook may facilitate such efforts.

For the practicing professional, attention may need to be obtained in other ways. The rather small number of cases we received from direct appeals to the membership also suggests that by and large I/O psychologists do not get too involved in ethical concerns. There may therefore be a need for more rigorous publicizing of ethical issues and practices. Widespread distribution of the I/O Psychology Ethics Casebook, upon its completion, may help call attention to the issues raised in this paper and symposium. Providing a focus to remind psychologists of the importance of ethical issues and their relevance to everyday decisions psychologists have to make would be facilitated.

Finally, it is important in our educative efforts that we teach a process of ethical reasoning, rather than blind adherence to a set of rules and regulations. As H. L. Mencken put it: "Time is a great legalizer in the field of morals." For the apparently small number of serious ethics violators, the specific rules must be there and must be enforced. But for most members of the profession, what is better communicated is a way of going about considering and solving ethical issues.

2) Recognition the I/O Psychology is Psychology:

Recent trends in professional issues such as licensure and certification as well as Division 14's "minority status" in APA may cause I/O psychologists to experience a special sense of differentness and perhaps estrangement from APA.

3) Reporting of Violations:

It appears that I/O psychologists may be more reluctant than other psychologists to report or confront ethical violations. Moreover, the clients of organizational and industrial psychologists appear to have made very few ethical complaints, perhaps reflecting an ignorance of the avenues of redress open to those encountering examples of malpractice. A reminder to I/O psychologists that it is the ethical obligation of psychologists to report violations, and publicity to the public of channels for filing official ethics complaints may help make undesired behavior less prevalent. Perhaps more cases should also be filed against those psychologists who had awareness of unethical behavior but chose not to report it.

In short, I/O psychologists are not unique among psychologists. Many of the ethical issues about which they are concerned are also confronted by other applied specializations within psychology. The task of I/O is not to create a new code of ethics, or apparently even to make major changes in the existing one, but rather to become much more active in the application of the existing code, and to work toward the development of a case law that will make clear what is and is not ethical practice for the I/O psychologist.

In closing, I would like to leave the audience not with the sense that ethical issues will be easily resolved and that once the Casebook is completed, I/O practitioners will need then only go to it and find the ethical thing to do. The following

ethical questions illustrate the magnitude of the task confronting those seriously interested in practicing ethically:

1) Is it unethical to be unlicensed in a state requiring it, when one's professional organization maintains that licensure is not necessary?;

2) Does a psychologist screening for psychological problems in industry have an obligation to recommend treatment to assessees demonstrating clear problems?;

3) Do psychologist test publishers have an obligation not to sell tests with items that are illegal in certain states?;

4) Is the use of computerized psychological testing ethical when it has not been validated for a specific job?;

5) Should psychological test data used in hiring be kept in files accessible to supervisors?...to employees?; and

6) Should OD specialists be practicing conflict management, sensitivity training, etc., in the absence of evidence that they result in any significant changes to the organization?

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